UNIVERSITY OF DAR ES SALAAM

OFFICE OF THE DEPUTY VICE CHANCELLOR ACADEMIC

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FORM "B"

MEDICAL EXAMINATION

To be filled in duplicate and one copy to be kept by the University Health Centre and another copy to be presented for registration.

Surname …… **Other Names**……..
Sex …… **Age**…… **Marital Status** ……**Citizenship**.....
Collage/ School/Institute…….. **Course Registered**……

A: PERSONAL HISTORY *(To be completed by the applicant)*

1. Have you ever suffered from any serious diseases or disorders? (**YES* / NO***)

   If **YES** explain: ……

2. Are you suffering from / having any conditions/disabilities that require necessary attention? **(YES*/NO*)**

   If **YES** explain: ……

I ……., declare that the information provided above is correct.

Date ……..…… Signature: ……..……..

B : PHYSICAL EXAMINATION *(To be completed by a registered medical practitioner)*

1: General Examination

……..……

2: Systemic Examination

1. Central Nervous System (CNS) ……..……
2. Respiratory System **(Attach evidence that you have been screened for Tuberculosis including Chest x-ray)**
3. Cardiovascular System (CVS) ……..……..
4. Gastrointestinal System (GIS) ……
5. Genital Urinary System (GUS) ……..
6. Musculoskeletal System (MSS) ……..
7. Others (Specify)……..

3: Investigations, *(Please Specify if Necessary and Attach Results)*

(1) ……(2)……(3)……

C: CONCLUSION

I have examined Mr. / Miss / Mrs. ……..
and consider that he/she is physically and mentally **fit*** / **not fit*** to be admitted to the University for higher studies.
Name of the examining physician: …… Signature: ……..……
Qualification …….. Title: ……
Date…..…….. *Official Stamp:*

*** Delete whichever inapplicable**